PINELLAS COUNTY SCHOOLS Case# _____

TRANSPORTATION DEPARTMENT

SPACE AVAILABLE BUS TRANSPORTATION

APPLICATION

To be completed by Parent or Guardian

I (Parent/Guardian full name) _____ am requesting that my child _____

born on_____ presently in grade _____ be granted Space Available Bus Transportation from our legal residence at

(street) _____ (city) _____ to _____ school.

I agree the district may provide space available bus transportation (SABT) to students living within the school's attendance zone/application area whose parent's residence is less than two (2) miles from the student's school when empty seats are available. I understand empty seat availability will be determined based on the initial 10-day count.

I understand that the school principal, and the Transportation Department Routing Coordinator, are the authority for approving, denying, and revoking SABT. A space available assignment is only for the current school year and will only be good as long as the student's address remains the same and their conduct on the bus and at the bus stop is satisfactory. There are no rights to an Appeal process for the decisions made.

I understand that seats are limited and are assigned, denied and revoked In accordance with the guidelines in the Pinellas County Schools Policy and Procedures manual Chapter 8600. Students having their SABT revoked due to space limitations will be given two (2) days notice in person or via telephone and will be provided with written notification through the school.

I understand that it Is the sole responsibility of the parent for transporting their student to and from the assigned existing non ESE bus stop. NO stops will be added to accommodate space available riders. Students are to be at their assigned stop ten (10) minutes prior to the scheduled pick up time.

By my signature below, I fully understand and agree to the policy as stated above. I also acknowledge having read the PCSB Policy and Procedures Manual, Chapter 8600 and the Code of Student Conduct booklet. This material is available online at **www.pcsb.org**

_____ _____ _____ / _____

Signature of Parent/Guardian Date Telephone - Home (and) Alternate

FOR OFFICE USE ONLY

_____ Space Available Bus Transportation application is **Approved**.

Your child has been assigned to the existing bus stop located at _____

on route #_____ effective _____ Pick up time _____ AM and drop off time _____ PM.

This assignment is made In accordance PCSB Policy and Procedures Manual Chapter 8600. Times subject to change.

_____ Space Available Bus Transportation assignment is **Denied**.

Reason: _____

_____ Space Available Bus Transportation assignment is **Revoked**.

_____ Space is needed for a student eligible for transportation per State Statue and Board Policy.

_____ Student's behavior on the bus or at the bus stop was deemed unsatisfactory.

_____ Other:_____

_____ / _____ _____ / _____

Principal and Routing Coordinator Signatures (Approval/Denial) Date

_____ / _____ _____ / _____

Principal and Routing Coordinator Signatures (Revocation) Date

Copies: School (Original), Transportation (Routing), Driver, Parent